

# Carbon Lehigh Special Needs Children's Foundation

4210 Independence Drive, Schnecksville, PA 18078-2580

610-769-4111 800-223-4821 Fax 610-769-1670 www.clsnef.org

### 2024 SUMMER CAMP GIFTING PROGRAM APPLICATION

All items must be completed to be processed. Complete <u>all</u> sections before submitting. Please see reverse side of application for instructions to complete application.

#### □ Student Information

Camper Name	Date of Birth	
Parent/Guardian Name		
Address	Phone	
City	State	Zip
Phone Email		
School District	Grade, September 20	023
$\Box$ In 100-150 words describe why you want to go	to summer camp. (Written, dictated, or sh	nared by the student); use back to continue essay.
	.1	1)
□ Camp Information (Attach a copy of the brown Name of Camp Attending		
Name of Camp Contact and Phone Number		
•		
Camp Address		
		Zip
Email	Fax	
Theme, Focus, Area	Cost of Camp	p per week
☐ Parent Information (Gifting amounts will be		
By submitting this application, I authorize CLSNCF	to verify the registration and costs of camp with	h the Agency responsible for the Camp.
□ Parent/Guardian Signature		Date
□ School Information		
I am verifying that the student named above doe this school year, 2023-2024.	s attend a public school within the CLIU R	Region and the student received services through an IEP
CLIU Program Supervisor/Public School Admi	nistrator Signature:	Date
School		Phone

### Deadline for application is May 1, 2024

Mail completed application form and camp brochure to:

Carbon Lehigh Intermediate Unit, Camp Application, Attention: June Kmetz, 4210 Independence Drive, Schnecksville, PA 18078

The Mission of the Carbon Lehigh Special Needs Children's Foundation is to enhance educational and recreational opportunities for children with special needs enrolled in the public schools of Carbon and Lehigh Counties.

## **Directions to fill out Summer Camp Gifting Application**

(all items listed below must be filled out in completion or application will not be accepted)

### 1. Student Information:

- Student Name
- Student Date of Birth
- Parent/Guardian Name
- Address
- Phone Number
- City
- State
- Zip Code
- Email
- Home School District
- Grade that student will be in the following September
- 100-150 Essay from student why they want to attend Camp

### 2. Camp Information:

- Complete Name of Camp Attending
- Please attach a copy of the brochure or flyer of the camp you wish to attend
- Complete Name of Camp Contact and their phone number
- Complete Address of Camp Attending
- City
- State
- Zip
- Complete Camp Contact Email and Fax number
- Theme and/or Focus of Camp
- Cost of Camp per week

### 3. Parent/Guardian Signature:

• Parent or Guardian must sign and date

### 4. School Information:

- Signature of CLIU Program Supervisor or Public School Administrator to verify that the student attends a Public School within the CLIU Region and the student received services through an IEP in the current school year
- Name of School must be listed
- Contact phone number of signing Administrator must be listed.
- Must be dated.